Mindfulness and Depression Case Study #1:
The Depressed Teen
“She was moody and withdrawn.”

Reverend Lisa Dunn is pastor of a medium-sized church in the Midwest, in which the Jordan family has been involved for several years. They became especially active after the death of their youngest son from leukemia one year ago. Their sixteen-year-old daughter, Jean, had become noticeably withdrawn from both family and friends in the past several months and had become less interested in her appearance. Jean stopped participating in the youth group and her grades dropped at school. She was moody and had become pessimistic in her outlook toward life. She developed a short fuse and complained of feeling worthless. Recently, friends reported that they had seen Jean drinking with a group of older students after school. Jean had been very close to her younger brother and appeared to have been the most affected by and least accepting of his death.

It is important to have an accurate picture of Jean’s alcohol use and emotional state. The rapid and negative changes in her life suggest something serious has developed. Is she using alcohol in an attempt to cope with unresolved grief related to the death of her brother? It is not uncommon for alcohol and drug abuse to mask depression and grief reactions. Depression is one of the most common forms of emotional problems in young people. Experts estimate that about one in twenty teens is depressed (Reynolds, 1995), while one in four depressed adolescents use drugs or alcohol to cope with the problem (Fleming and Offord, 1990). The drop in Jean’s grades may signal decreased concentration and slowed thinking, also common in depression. The use of alcohol for self-medication is often the pattern of individuals with poor coping skills and high addictive potential.

1. How might mindfulness be used to help with this case?

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2. Given the phases of grief described by Kubler-Ross (denial-anger-bargaining-depression-
acceptance), what stage might Jean be in?

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3. How might mindfulness help move her to the Acceptance phase?

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Mindfulness and Depression Case Study #2: Laura
"I feel worthless"

Laura is a 36-year-old single woman, who is a laboratory technician in a big biotechnology company. She has a Master's degree in science and is a highly competent professional. Laura loves the outdoors and likes to spend her weekends hiking and biking with friends. She describes herself as somewhat shy and cautious in her relationships with other people. Laura has had a couple of "serious relationships" with men but none lasted very long. Usually, she says, the relationship would be "wonderful" in the beginning but after a few months she would get bored and feel that the relationship did not fulfill her needs. When the relationship broke up, Laura would feel disappointed, empty and angry. She would usually confide in her best friend, Francis. Recently, however, Francis got engaged and even though Laura initially felt happy for her, she has also been having feelings of jealousy and a deep sense of loss. "Our relationship" she says, "will never be the same once Fran gets married. In fact, it has already changed…she's just not available as before and she doesn't seem as interested in spending time with me."

Laura had felt a change for the worse in her mood during the few weeks before Francis' engagement but says that since the engagement her mood has markedly spiraled downward. She has felt sad and generally upset and she has not been able to get enough sleep. In fact, she has found herself waking up at 4 or 5 a.m., not being able to fall back to sleep. "I basically lie in bed" she says "and obsess about how my life sucks and how worthless I am. I think to myself: 'Nobody loves me, nobody cares, I'm all alone in this cruel world.' And then I start sobbing and sobbing…I can't stop myself…and then it's time to get ready for work and I don't want to get out of bed." Laura missed 3 days of work last week, something that has not happened in a long time. On the days she did go, she found it difficult to concentrate on her work and was unable to complete an important and rather urgent experiment. "I feel worthless" she says, "why bother going to work if you're not going to be productive?" Laura expressed feelings of guilt about her reaction to Francis' engagement. "Fran is the happiest woman on this planet right now" she says "and I can't be happy for her. I'm just a horrible, selfish person…and there are moments when I think I do not deserve to live." Indeed, Laura admits she has had thoughts of killing herself, telling herself that nobody would care if she died anyhow. In the past 3 weeks she has felt so down that she did not go out with friends and stopped going to yoga classes. In therapy she said "I can't go on living like this-this is hell!"

1. What are some of the elements of Laura’s ruminating cycle?
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2. What strengths does Laura already have, that might be used to break up the ruminating cycle?
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3. What assumptions has Laura made that may be perpetuating her ruminating cycle?
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Mindfulness and Depression Case Study # 3:
Janet

“Everything was my fault”

Janet called the mental health center to ask if someone could help her year-old son, Adam. He had been having trouble sleeping for the past several weeks, and Janet was becoming concerned about his health. Adam refused to go to sleep at his regular bedtime and also woke up at irregular intervals throughout the night. Whenever he woke up, Adam would come downstairs to be with Janet. Her initial reaction had been sympathetic; she would give him some water, talk to him, and rock him back to sleep.

As the cycle came to repeat itself night after night, Janet's tolerance grew thin and she became more argumentative. She found herself engaged in repeated battles that usually ended when she agreed to let him sleep in her room. Janet felt guilt about giving in to a 5-year-old's demands, but it seemed like the only way they would ever get any sleep. The family physician was unable to identify a physical explanation for Adam's problem; he suggested that Janet contact a psychologist.

The therapist began by asking several questions about Janet and her family. Janet was 30 years old and had been divorced from her husband, David, for a little more than one year. Adam was the youngest of Janet's three children; Jennifer was 10 and Claire was 8. Janet had resumed her college education on a part-time basis when Adam was 2 years old. She had hoped to finish her bachelor's degree at the end of the next semester and enter law school in the fall. Unfortunately, she had withdrawn from classes about a month ago. Her current plans were indefinite. She spent almost all of her time at home with Adam.

Janet and the children lived in a large, comfortable house that she had received as part of her divorce settlement. Finances were a major concern to Janet, but she managed to make ends meet through the combination of student loans, a grant-in-aid from the university, and child-support payments from David. David lived in a nearby town with a younger woman whom he had married shortly after the divorce. He visited Janet and the children once or twice every month and took the children to spend weekends with him once a month. Having collected the necessary background information, the therapist asked for a description of the circumstances surrounding the development of Adam's sleep difficulties and the factors that currently affected the problem. This discussion covered the sequence of a typical evening's events, beginning with dinner and progressing through the following morning. It was clear during this discussion that Janet felt completely overwhelmed by the situation. She was exasperated and felt that she was completely unable to control her son.

At several points during the interview, Janet seemed to be on the verge of tears. Her eyes were watery, and her voice broke as they discussed her response to David's occasional visits. The therapist, therefore, suggested that they put off a further analysis of Adam's problems and spend some time discussing Janet's situation in a broader perspective. In the subsequent conversation it became clear that Janet's mood had been depressed since her husband had asked for a divorce. She felt sad, discouraged, and lonely. This feeling seemed to become even more severe just prior to her withdrawal from classes at the university (one year after David's departure and two months before her first clinic appointment). When David left, she remembered feeling "down in the dumps," but she could usually cheer herself up by playing with the children or going for a walk. Now she was nearing desperation. She cried frequently and for long periods of time. Nothing seemed to cheer her up. She had lost interest in her friends, and the children seemed to be more of a burden than ever. Her depression was somewhat worse in the morning, when it seemed that she would never be able to make it through the day.

Janet was preoccupied by her divorce from David and admitted that she spent hours each day brooding about the events that led to their separation. These worries interfered considerably with her ability to concentrate and seemed directly related to her withdrawal from the university. She had found that she was totally unable to study the assigned reading or concentrate on a 45-minute lecture. Withdrawing from school had precipitated further problems. She was no longer eligible for student aid and would have to begin paying back her loans within a few months. In short, one worry led to another, and her attitude became increasingly pessimistic. Janet blamed herself for the divorce, although she also harbored considerable resentment toward David and his new wife. Among other things, she believed that her return to school had placed additional strain on an already problematic relationship. She wondered
whether she had acted selfishly. The therapist noted that Janet's reasoning about her marriage often seemed vague. She argued that she had been a poor marital partner and cited several examples of her own misconduct.

These included events and circumstances that struck the therapist as being very common and perhaps expected differences between men and women. She spent more money than he did on clothes, did not share his enthusiasm for sports, and frequently tried to engage David in discussions about his personal habits that annoyed her and the imperfections of their relationship. Of course, one could easily argue that David had not been sufficiently concerned about his own appearance (spending too little effort on his own wardrobe), that he had been too preoccupied with sports, and that he had avoided her sincere efforts to work on their marital difficulties. But Janet blamed herself. Rather than viewing these things as simple differences in their interests and personalities, Janet saw them as evidence of her own failures. She blew these matters totally out of proportion until they appeared to her to be terrible sins. Janet also generalized from her marriage to other relationships in her life. If her first marriage had failed, how could she ever expect to develop a satisfactory relationship with another man? Furthermore, Janet had begun to question her value as a friend and parent. The collapse of her marriage seemed to affect the manner in which she viewed all of her social relationships. The future looked bleak from her current perspective, but she had not given up all hope. Her interest in solving Adam's problem, for example, was an encouraging sign. Although she was not optimistic about the chances of success, she was willing to try to develop new skills that would help her become a more effective parent.

1. What maladaptive behaviors might Janet be using to avoid or suppress unpleasant thoughts, feelings, or bodily sensations?

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2. What is the function of the dysfunction? What contextual processes are serving to maintain Janet’s problematic interactions?

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3. Cognitive defusion: If the therapeutic goal is to reduce anxiety, and effort is a cause of anxiety, then “trying hard” to minimize anxiety only generates even more anxiety. What is Janet’s central paradox, and how might cognitive defusion function to unravel the paradox without “trying hard” to fix it?

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4. Self as context: This is a shift from content to context. This protocol allows the client to use her values to define an identity that is separate from the content of her experience. It is designed to help the client realize her identity is not the sum of the contents of her experience. What contextual cues do you see in the above case study that might help Janet shift from self as content to self as context?